

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/577621

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4	1					
5	1					
6	0					
7	0					
8	1					
9	0					
10	0					
11	1					
12	1					
13	1					
14	2					
15		1				
16			1			
17			1			
18			1			
19			1			
20			1			
21			1			
22			1			
23			1			
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49						
50						
TOTAL IND.	2		2			
TOTAL DEP.	14	←	12	←		
TOTAL CLAIMS	16		14			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.				↓		
TOTAL DEP.		←			←	
TOTAL CLAIMS						←